

2001 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2
07-12-2001 90002 016 ***150.00
P96000062931

FILED

01 JUL 30 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0076685

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000062931	
1. Entity Name Aqua Pals Inc.	
Principal Place of Business 58 Peniel Highway 17 & Comfort Rd Palatka, FL 32178	Mailing Address Aqua Pals Inc. 103 Magnolia Dr East Palatka, FL
2. Principal Place of Business	3. Mailing Address Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Palatka, FL	City & State
Zip 32177	Country
4. FEI Number	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DPT Thomas, James B 103 Magnolia Dr Palatka, FL 32131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DPT Thomas Patricia A 103 Magnolia Dr Palatka, FL 32131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: James B Thomas 7-6-2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CR2E034 (11/00)

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Aqua Pals Inc.
103. Magnolia Dr
~~East~~ Palatka, FL.
32131
Tel. 904-328-2677
904-312-0065

Div. of Corp.

Subject: Aqua Pals Inc.

Ref # P96000062931

Dear Mark,

As per our conversation, I have received neither notice from your department for my corporate filings.

Enclosed is a copy of the letter I received and the form that was submitted after my second request for same.

Your assistance is greatly appreciated.

Regards
James B. Thomas

James B. Thomas

I TALKED TO HIM ON 7/24.

HE IS IN PROCESS OF RESOLVING
PROBLEMS WITH THE POST OFFICE

Mark
x4959